NGB-HR   6 October 2001

MEMORANDUM FOR THE ADJUTANTS GENERAL OF ALL STATES, PUERTO RICO, THE US VIRGIN ISLANDS, GUAM AND THE COMMANDING GENERAL OF THE DISTRICT OF COLUMBIA

SUBJECT: (All States Log Number P01-0064) Individual Medical Readiness Requirements and Tracking

1. References:

   a. The Joint Chiefs of Staff memorandum, 4 December 1998, subject: Deployment Health Surveillance and Readiness.

   b. Army Regulation 40-501, Standards of Medical Fitness, 30 August 1995.

   c. Army Regulation 40-562, Immunizations and Chemoprophylaxis, 1 November 1995.

   d. Army Regulation 600-8-101, Personnel Processing (In-and Out-and Mobilization Processing), 1 March 1997.

2. This policy outlines the Individual Medical Readiness (IMR) requirements for the Army National Guard (ARNG) at enclosure 1, and mandates the Medical Protection System (MEDPROS) as the tracking system. The IMR requirements are the minimum requirements for soldiers to deploy. Additional medical requirements may be necessary for a particular deployment or theater of operation.

3. The goal of the IMR requirements is to take care of our most valuable resource, our soldiers, and to optimize the medical readiness of each member to perform their military duties. Commanders need to know the IMR status of their unit and identify the actions necessary to ensure each member is ready to deploy.

4. The ARNG will begin using the MEDPROS to track the status of all IMR requirements not later than 1 October 2001. States will complete the data transfer not later than 1 October 2002. Upon MEDPROS implementation, States will no longer input medical data to SIDPERS, as required. Enclosure 2 provides the specific instructions on how States will implement MEDPROS.

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5. States will use this data to forecast future medical readiness requirements. Starting in Fiscal Year 2003, the medical readiness funding programmed by National Guard Bureau will be based on MEDPROS reports.

6. Implementation of this policy will not increase current manning requirements in the State. The IMR requirements are currently being captured using SIDPERS, local databases, and on hard copy documents. The MEDPROS provides a single database for all IMR requirements eliminating redundant data input and providing automated report capability.

7. This memorandum will expire 30 September 2002 unless sooner rescinded or superceded.

8. Functional points of contact are MAJ Larry Fletcher, Health Services at 703-607-7148 and MAJ Emma Adamonis, Systems issues at 703-607-9171.

9. Point of contact is COL Julia Cleckley, Chief, Human Resources Officer, at 703-607-5310 or DSN 327-5310

FOR THE CHIEF, NATIONAL GUARD BUREAU:

2 Encls
1. Individual Medical Readiness Requirements
2. ARNG Procedures for MEDPROS Implementation

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Lieutenant General, GS
Director, Army National Guard

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NGB-IG
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State IG
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State DPC
MILPO
POTO

2

Individual Medical Readiness Requirements

This policy does not dictate completion of the IMR requirements, rather it dictates updating the status in MEDPROS.

1. **Immunizations and Disease monitoring**

    a. Below are the required routine immunizations.

    (1) Tetanus and Diphtheria

    (2) Influenza – AGR, Force Support Package, specific deployments and mobilizations

    (3) Hepatitis A

    (4) Measles, Mumps and Rubella (MMR, MR, MRV)

    (5) Polio

    (6) Tuberculosis PPD Skin test – Required for health care workers and specific deployments

    (7) Varicella Immunity Status – Required for health care workers

    (8) Hepatitis B – Required for health care workers and MOS/AOC determined to be at risk

    (9) Yellow Fever – All Force Support Package

    (10) Typhoid – All Force Support Package

    b. Additional immunizations may be required for specific duty (i.e. Special Forces, Counter Drug, Civil Support Teams), deployments, and mobilizations. Specific requirements may be obtained from NGB-ARS.

2. **Lab data**

    (a) DNA
    (b) HIV

2. **Required medical equipment/prescriptions** - The status for the following items will be identified and tracked during the annual SRP.

    (a) Prescription glasses, 2 pair
    (b) Protective mask inserts, 1 pair
    (c) Contact lenses, if required for MOS/AOC
    (d) Hearing aids w/batteries
    (e) Medical Alert (Red) Dog Tags

Encl 1

4. **Required personal occupational/deployment health equipment** - The status for the following items will be identified and tracked during the annual SRP.

    (a) Respiratory Protection
    (b) Hearing Protection
    (c) Eye protection
    (d) Ballistic Laser protective spectacle (BLPS) inserts

5. **Current Health Assessment**

    (a) Current periodic physical
    (b) Annual Medical Certificate
    (c) Dental Record
        (1) Dental Classification
        (2) Panograph
    (d) Medical record must contain the following:
        (1) Blood type
        (2) Medications
        (b) Allergies
        (c) Medical Profiles
        (d) Immunizations
        (e) DD Form 2766
        (f) Corrective lens prescription

Army National Guard (ARNG) Procedures for Medical Protection System (MEDPROS) Implementation

1. <u>PURPOSE</u>. To provide guidance and procedures that individual States can use to develop their own implementation plan for the deployment of MEDPROS as the single source database for tracking all individual medical readiness requirements for ARNG soldiers and deploying units/Task Forces (TF).

2. <u>GENERAL</u>.

   a. Medical Readiness is a critical part of soldier readiness and a force multiplier that must be monitored continuously. MEDPROS, a module of the Medical Occupational Data System (MODS), is a tool that supports the Department of the Army (DA) standards for identifying, tracking, and reporting medical readiness. See appendix 1 for applicable policies, regulations, and definitions. The objective of the ARNG is to utilize MODS-MEDPROS as the single source database to manage this aspect of our most valuable resource – soldiers.

   b. In order for MEDPROS to be a valuable tool in the medical readiness process, ARNG leadership must be made aware of its capabilities, and use it as a tool to maintain their unit's medical readiness. If the leadership properly employs MEDPROS as a medical readiness tool they will be able to more efficiently:

      1) Identify, prioritize, and ensure efficient use of State/unit resources.
      2) Monitor unit/individual medical readiness status required for deployments, annual training, and schools.
      3) Correct deficiencies based on system information combined with their own observations.
      4) Minimize training distracters.

3. <u>POLICY</u>. The ARNG will use MEDPROS to track the status of all Individual Medical Readiness (IMR) requirements. Each State must implement MEDPROS not later than October 2001. Implementation is defined as using MEDPROS to track the status for all IMR requirements and no longer using SIDPERS, local databases, or stubby pencil. Complete transition to MEDPROS must be accomplished not later than October 2002. Future medical readiness funding provided by the National Guard Bureau (NGB) will be determined based upon MEDPROS reports.

4. <u>PROCEDURES</u>.

   a. Personnel and Training – All MEDPROS users who input (write access) data will need to be fully trained in MODS-MEDPROS Mainframe and Web-based applications. Training Manuals have been developed to support instruction for MODS-MEDPROS Modules, Data Entry Options, and Web-based application. Manuals may be used by a student in self-development or by a trainer/administrator to support programmed instruction. All Training and Supplemental Manuals are available at the MODS-MEDPROS Website for downloading. The MODS Support Team and Information Center is available 24-hours, 7 days a week for assistance. See Appendix 6 for a listing of MODS-MEDPROS Point of Contacts (POC's). The following outlines the process to ensure proper personnel are trained.

      1) Assess who is currently MODS-MEDPROS trained and identify any changes in their status.
      2) Identify additional personnel who need training based on IMR, personnel requirements, and state strength.
      3) Determine training requirements (total personnel who need training minus total trained). Follow-on (refresher/sustainment) training may be accomplished via CD or Train the Trainer method.
      4) Identify personnel for data input. Below are the recommended personnel.

         a) STARC Personnel – State Surgeon, Deputy State Surgeon (DSS), Health Systems Specialist (HSS), and STARC Med Detachment Personnel
         b) MILPO Personnel – SIDPERS, Personnel Services Branch
         c) Unit level personnel – Organic Unit Medical Personnel, S-1 at Battalion Levels

Encl 2

      d) Contractors – Veterans Administration (VA) Hospitals, Federal Occupational Health (FOH) Agencies, Public Health Services, and Department of the Army (DA)/State Employees

    5) Contact the Unit/State Information Management Officers (IMO)/Information Systems Security Officers (ISSO) for software installation and MODS Logon-ID Request (SAM-P Form 9R) approvals

    6) State MEDPROS Program Manager for grants write access to MEDPROS [for read only web access is recommended]; also monitors annual refresher training in MEDPROS; See appendices 3 and 4 for Write Access Request/Removal memorandums. The memorandums are for internal State use to manage access to MEDPROS.

    7) Process SAM-P Form 9R for individuals requiring write access. (available on the MODS Home page)

    8) The MEDPROS password will be used to access RIDES-E.

    9) Develop State POC's list and make available to MEDPROS users.

b. Equipment, Telecommunications, and IT Support – Identify what equipment is currently in place and what equipment is needed. If needed, work with State IMO to determine where it will come from and how it will be supported.

    1) Software Requirements.

        a) QWS3270 Connectivity Software installed and operational (available for FREE download from the MODS Website)

    2) Hardware Requirements.

        a) LAN/DSL/Wireless connection [users may update individual records utilizing a modem (28.8K minimum connection), but may experience communications timeout difficulties when updating unit rosters, depending on unit size, when using slower modems]

        b) Laptops and/or Desktop Computers w/Pentium I processor (see Appendix 7 recommended specs)

        c) Dedicated printer or access to network printer for printing rosters and readiness status reports

        d) One computer dedicated to MEDPROS at each point of service for physicals/immunization data input recommended; data entry via the Web-based application will take longer than on the Mainframe application, however, rosters and reports will be easier to run from the Website

        e) Bar Code Scanners recommended for locations where large numbers of personnel are immunized from different Units/TF

c. Data Transition – Utilize existing automated sources of IMR data for transfer/upload into MEDPROS to save manual input efforts and maximize available data usage.

    1) SIDPERS/Local Supplemental Databases (LSDB) – Data fields and values must be compatible with MEDPROS data fields; coordination to transfer from State SIB Chiefs to MEDPROS accomplished by NGB-ARS.

    2) Other Databases – Ability to use determined on a State-by-State basis; must incorporate State or Division level data (individual units not acceptable).

    3) VA/FOH Agency Databases.

d. Implementation Timelines – There are two implementation requirements for MEDPROS: 1) capture of historical immunization data for tracking future requirements, and 2) the full implementation of MEDPROS including maintenance of immunization data and all other medical readiness requirements. **Once MEDPROS is implemented, States will no longer input medical readiness data into SIDPERS/LSDB.** Data will go directly into MEDPROS. Data fields required in SIDPERS will be populated by MEDPROS updates following the initial data transfer.

    1) Capture Historical Immunization Data. The only historical data that must be captured is immunizations.

        a) Identify any local databases currently tracking historical immunization data

        b) Coordinate data transfer to MEDPROS (if applicable)

      c) Request the Remote Information Data Entry System, Expanded (RIDES-E) CD from NGB-ARS to capture historical immunization data (See Appendix 5 for RIDES-E capabilities and requirements)

      d) Establish MEDPROS implementation date for immunizations

         (1) All immunizations administered prior to implementation date will be input into RIDES-E

         (2) All immunizations administered from implementation date forward will be input into MEDPROS

         (3) Local databases will no longer be used.

         For example, if implementation date is 01 August 2001, then immunizations administered prior to this date will be input in RIDES-E. Immunizations administered after this date will be input in MEDPROS.

   2) Other Medical Readiness Requirements.

      a) Identify any local databases currently tracking IMR data (including SIDPERS/LSDB)

      b) Contact NGB-ARS to coordinate data transfer from the State SIB Chief to MEDPROS; <u>this is a one-time data transfer process</u>

      c) Contact State MEDPROS Manager to coordinate transfer of all databases other than SIDPERS/LSDB

      d) Establish MEDPROS implementation date for IMR data

         (1) It is important to plan the timing of the data transfer to ensure all data is captured and the process is seamless

         (2) Coordinate between State MEDPROS Manager and SIB Chief for "as of date" for SIDPERS data transition

         (3) The "as of date" will be your implementation date for IMR data

         NOTE: IMR data can be captured in RIDES-E at the same time as the historical immunization data utilizing the RIDES-E disk.

e. Responsibilities.

   1) State Surgeon/Leadership and Unit Commanders.

      a) Monitor MEDPROS unit status reports

      b) Assess program

      c) Provide feedback

      d) Ensure quality assurance of data management and data input (knowledgeable medical personnel are available for immunization data input)

   2) State MEDPROS Manager.

      a) Maintain MEDPROS access roster

      b) Manage MEDPROS training (initial/refresher)

      c) Manage RIDES-E implementation and completion

      d) Serve as State-wide resource and POC for MEDPROS issues

      e) Ensure quality assurance of data management

   3) MEDPROS User.

      a) Responsible for data input into MEDPROS <u>(maximize point of service entry)</u>

      b) Maintain current passwords (expires every 90 days)

      c) Maintain proficiency in MEDPROS applications and monitor MEDPROS updates/changes

      d) Provide feedback on system improvements to MEDPROS Managers

      e) Ensure quality assurance of data input

f.   Maintenance of Medical Readiness/MEDPROS Data – Maintenance of MEDPROS data will be critical to managing a ready force. Training time during weekend drills and annual training can be leveraged to complete the initial and continuing input of medical readiness requirements. It is important to note, however, that continuing input of medical readiness data is not an additional burden. Rather, it reflects a refocusing of existing training resources to support MEDPROS – the FORSCOM and MEDCOM authoritative source to validate the readiness status for all deploying soldiers, units/TF. Preliminary analysis suggest that during the data maintenance phase, State and Unit leaders will face no additional burden in terms of training time to accomplish IMR requirements; however, they will realize significant manpower savings resulting from MEDPROS users' ability to input data at point of service, and will provide readiness/resource managers with real-time unit status reports. Outlined below are special considerations for data maintenance.

1) The optimum process for capturing IMR and immunization data is point of service entry.
2) The RIDES-E may be used to capture IMR data when point of service entry is not available (see Appendix 5 for process).
3) Establish medical in-processing procedures for new arrivals, initial entry, transfers from other States, intra-Component/Service, to incorporate MEDPROS.
4) Identify NGB All States Policies and establish State Surgeon guidance for lost/no medical, immunization, and dental records.
5) Identify current local providers with MEDPROS capability and establish procedures to ensure MEDPROS data is captured during medical services performed outside Army/ARNG medical channels.

5.   CONCLUSION. The implementation of MODS-MEDPROS represents a dramatic enhancement in the capabilities of State and Unit leaders, readiness, and resource managers. Improved data collection, emphasis on a single source database for validating medical readiness status, and valuable real-time reporting options meet the needs of the ARNG today and into the future.

Throughout the past decade, combat operations and military operations other than war have increased the challenges in providing a ready force within the Army, National Guard, and Army Reserve. Because of these evolving challenges, the need for integrated automation systems that support all phases of Human Resource Life Cycle Management in both peacetime and during mobilization continues to grow.

MODS-MEDPROS will provide ARNG leaders, staffs, and functional managers with a powerful tool with which decision makers can effect their work requirements, measure personnel qualifications, training, readiness, and reduce costs and achieve efficiencies. Time spent acquiring data can now be used in analyzing the information.

Procedures established here will assist State Surgeons, HSS staff, and State Military Personnel Officers develop courses of action that can be supported before, during, and after implementation of MEDPROS, regardless of State size and organization.

Appendix 1 – References and Definitions
Appendix 2 – IMR Requirements and Code Definitions
Appendix 3 – Memorandum to Request Write Access Permission
Appendix 4 – Memorandum for Removal of Write Access
Appendix 5 – Implementing RIDES-E
Appendix 6 – MODS/MEDPROS Support Team and Point of Contacts (POCs)
Appendix 7 – Computer Specs

APPENDIX 1

1. REFERENCES.

   A. Policy Letters.

   (1) Joint Chiefs of Staff Memorandum, 4 December 1998, Subject: Deployment Health Surveillance and Readiness

   (2) All States Policy P00-0070, 11 October 2000, Individual Medical Readiness Requirements.

   (3) ARNG EXSUM to Medical Team Conference, 18 April 2001, Subject: Implementation Overview for the Remote Immunization Data Entry System (RIDES) and Military Occupational Data System (MODS)/Medical Force Protection System (MEDPROS).

   (4) NGB Medical Readiness Team Information Paper to MILPO Conference, 15 May 2001, Subject: Medical Protection System (MEDPROS) Workload.

   B. Regulations.

   (1) AR 40-501, 30 Aug 95, Standards of Medical Fitness

   (2) AR 40-562, 1 Nov 95, Immunizations and Chemoprophylaxis

   (3) AR 600-8-101, 1 Mar 97, Personnel Processing (In/Out and Mobilization)

2. DEFINITIONS.

   A. Military Occupational Data System (MODS): An online real-time system that provides the Army Medical Department (AMEDD) with an integrated automation system that supports all phases of Human Resource Life Cycle Management both in peacetime and mobilization. The foundation of MODS is its total eighteen major Department of Defense and Army databases into a comprehensive, integrated, and responsive data warehouse. MODS operates from a secured, tri-service platform at the Pentagon, and is supported by a Single Agency Manager (SAM-P). It offers a number of modules to assist AMEDD managers at all levels and agencies, including personnel, manpower, and training.

   B. Medical Protection System (MEDPROS): A module of MODS that is a fully functional, real-time, operational system for tracking all individual medical readiness requirements, to include immunizations. MEDPROS provides users data entry, reporting, and status options for individual and unit medical readiness from both Mainframe and Web-based applications. The data entry option selections within MEDPROS is interfaced with the web based application which enables authorized users to operate in the web environment, while having access to the most current data. The Web-based application of MEDPROS promotes ease in downloading reports and navigating through the system.

   C. Remote Information Data Entry System, Expanded (RIDES-E): A stand only Microsoft Access database application, in CD ROM format, designed to capture immunization and IMR data, as well as create shot/medical readiness records for individuals not currently in the personnel system. RIDES-E is self-contained with all needed access file programs and the complete record for all 350,000+ ARNG soldiers that can be updated whenever required. As a stand-alone application, RIDES-E enables multiple users to input immunization and medical readiness data off-line from the mainframe application, avoiding "communication timeout" issues. Immunization data and medical readiness captured in RIDES-E is then transferred to MEDPROS for tracking.

APPENDIX 2

MODS-MEDPROS

Individual Medical Readiness (IMR) Status and Code Definitions Requirements

There are 19 Department of Defense (DOD) mandated IMR requirements which must be input into MEDPROS for tracking. Sixteen (16) require input by National Guard MEDPROS users. DNA samples and HIV test dates are automatically loaded from their respective sources. One data element, Sickle Cell Testing, is not currently required for all Army personnel, but may be entered into MEDPROS.

1. Immunizations (IMM)	Immunizations are Current for Immunization and Readiness Profiles
2. Pregnancy (PRG)	Estimated Date of Confinement and End Date (FEMAILES ONLY)
3. Medical Non-Deployable Profile (MND)	Y / N – Current Physical/PULHES Data
4. Dental Class (DEN)	Class 1, 2, 3, 4; Date of Last Exam (ARNG and USAR Only)
5. 2 Pair Glasses (2PG)	Y / N / NA; Date of Last Eye Exam
6. 1 Mask Inserts (1MI)	Y / N / NA
7. Hearing Aid w/Batteries (HAB)	Y / N / NA; # Batteries Needed
Limited Duty Profile (LDP)	Y / N / NA; Type of LDP
9. Medications (MED)	Y / N / NA; 90-Day Supply of Required Medications
10. Medical Warning Tag (MWT)	Y / N / NA; Required (Allergy or Condition Requires MWT)
11. Occupational Protection for Respiratory (OPR)	Y / N / NA
12. Occupational Protection for Hearing (OPH)	Y / N / NA
13. Occupational Protection for Vision (OPV)	Y / N / NA
14. Panograph (PAN)	Y / N; On File (Updateable field by ARNG and USAR Only)
15. PAP Smear (PAP)	Y / N; Date of Last PAP Exam (FEMALES ONLY)
16. Annual Medical Certificate/Physical Exam (CMA)	Y / N; Current <1 Yr.; Date of Last Assessment (ARNG and USAR Only)
17. Sickle Cell Screen (SCS)	Y / N / NA; Date of Last Screening
18. DNA On File (DNA)	Y / N / NA; From Automated File Uploaded From AFIP
19. HIV Current (HIV)	Y / N / NA; From Automated File Uploaded from USAMSA, CHPPM

NOTE: Additional IMR Fields: Flight Status, Blood Type, Special Duty Qualifications (Date Fields), Operational & Position Specific Equipment, and Personal Equipment (i.e., Contact Lens, Dental Ortho Equipment).

APPENDIX 3

Memorandum to Request Write Access Permission

Office Symbol: _____   Date: _____

MEMORANDUM TO State MODS-MEDPROS Program Manager, ATTN: _____

_____

SUBJECT: Request for MODS-MEDPROS Access Permissions For –

Last Name, First Name, Rank, SSN, Unit Name (i.e., HHC, 1-15 Inf), UIC (i.e., W2DHxx)

1. The above named individual (completed SAM-9R at appendix) requires access to the following modules within the Medical Protection System (MEDPROS) module of the Medical Occupational Data System (MODS). Personnel granted write access have the responsibility for the accurate input of Immunization/Medical Readiness Data for this unit. Once their permanent Logon ID is issued by the Pentagon, set their access rights as noted below (circle appropriate level of access granted):

   a. Immunizations Module   Read/Write Access

   b. Individual Medical Readiness   Read/Write Access
                                                      (includes Dental for RC only)

   c. Individual Training Readiness   Read/Write Access

   d. DNA Module   (no write access available)

   e. Dental Readiness Module   (no write access available)

   f. HIV Module   (no write access available)

2. It is the undersigned's responsibility to submit a revocation letter to the MODS Support Team at the above address whenever the individual's need to access the system changes (ETS, PCS, Retirement, etc.). Should access cut-off require immediate action, the MODS Support Team will be called at DSN 761-4976, Commercial 703-681-4976, or Toll Free 888-849-4341. Verbal requests must be followed by a written request.

3. Questions concerning this memorandum may be directed to the undersigned at DSN _____ or Commercial _____.

Encl (SAM 9R Form)

_____

_____

_____
(Commander, XO, 1SG Signature Block only

APPENDIX 4

Memorandum for Removal of Write Access

Office Symbol: _____   Date: _____

MEMORANDUM TO State MODS-MEDPROS Program Manager, ATTN: _____

_____

SUBJECT: Removal of MODS-MEDPROS Access Permissions For –

_____

Last Name, First Name, Rank, SSN, Unit Name (i.e., HHC, 1-15 Inf), UIC (i.e., W2DHxx)

1. Due to <u>PCS, ETS, Retirement, or Change of Duty Responsibilities</u> (circle one), the above named individual no longer has a need for access to modules within the Medical Protection System (MEDPROS) module of the Medical Occupational Data System (MODS) and their access should be terminated effective _____. The individual has been briefed that, if PCSing, should the gaining organization want to renew their access, the gaining unit Commander should submit a memorandum to the MODS Support Team to that effect.

2. Questions concerning this memorandum may be directed to the undersigned at DSN _____ or Commercial

_____.

_____

_____

_____

(Commander, XO, 1SG Signature Block only)

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APPENDIX 5

IMPLEMENTING RIDES-E

Remote Information Data Entry System, Expanded (RIDES-E): A stand only Microsoft Access database application, in CD ROM format, designed to capture immunization and IMR data, as well as create shot/medical readiness records for individuals not currently in the personnel system. RIDES-E is self-contained with all needed access file programs and the complete record for all 350,000+ ARNG soldiers, which can be updated as required.. As a stand-alone application, RIDES-E enables multiple users to input immunization and medical readiness data off-line from the mainframe application, avoiding "communication timeout" issues. Immunization and medical readiness data captured in RIDES-E is then transferred to MEDPROS for tracking.

RIDES-E Capabilities

- ❑ Stand alone Access database application (CD ROM). The RIDES-E application and the RIDES-E data are in separate database files to facilitate the update of new personnel data.
- ❑ Includes all immunization and IMR data currently in MEDPROS for all 350,000+ ARNG soldiers
- ❑ Allows multiple users in each State to input data and to create shot and medical readiness records for individuals not currently in the personnel data snapshot
- ❑ Print shot and medical readiness records for deployment medical record
- ❑ Pre-loads shot data to minimize key strokes
- ❑ Update personnel data in RIDES-E by downloading and replacing the personnel database in accordance with the instructions provided with the new RIDES-E software. This process is essentially a copy function and will overwrite the existing data.
- ❑ User must have MEDPROS write access to MEDPROS to access RIDES-E. The MEDPROS passwords contained in the RIDES-E application is updated during the weekly update outlined below

RIDES-E Process

- ❑ Ensure, at a minimum, a 91W is available during data input for quality control/quality assurance
- ❑ Transfer all automated historical immunization (to include the previous version of RIDES) and medical readiness data to MEDPROS prior to implementing RIDES-E
- ❑ The RIDES-E disc will be requested from NGB-ARS (Appendix 6)
- ❑ Updated personnel and medical readiness data will be available weekly, via file transfer protocol (FTP). Users should follow the procedures provided with the new RIDES-E software. You will logon to the MEDPROS FTP site, transfer the updated personnel database file, and then copy the file into the RIDES-E directory. The copy will overwrite the existing database so it is essential that all updates have been transferred to the HQDA database of record. Users should follow the instructions to make a copy of the old data as a backup, in case the previous uploads were not successful.
- ❑ Update the personnel database file for all computers/laptops at least one week prior to mission
- ❑ States will download and forward all medical data NLT 14 days from input into RIDES-E (the only exception to this is historical immunization data)
- ❑ All historical immunization data must be uploaded into MEDPROS NLT 1 October 2002
- ❑ Only capture historical immunization data necessary for the system to identify future requirements. The following are the business rules for the standard/routine adult immunizations:
  - Tetanus and Diphtheria - Capture only last shot
  - Influenza - Capture only last shot
  - Hepatitis A - Capture both shots
  - Measles, Mumps and Rubella (MMR, MR, MRV) - Capture only last shot
  - Polio - Capture last shot
  - Hepatitis B - Capture all 3 shots
  - Yellow fever - Capture only last shot
  - Typhoid - Capture only last shot /last oral dose
  - Japanese Encephalitis - Capture all shots
  - Rabies - Capture all shots
  - Meningococcal - Capture last shot
  - Anthrax – Capture all shots

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APPENDIX 6

MODS/MEDPROS Support Team and Point of Contacts (POCs)

MODS SUPPORT TEAM – Fairfax, VA
    MEDPROS Help Desk * **Operates 24 hrs / 7 days * (voice)**   DSN   761.4976
                            CML   703.681.4976
                            TOLL FREE   1.888.849.4341

MODS SUPPORT TEAM - Texas Group
    Mr. Jim Pruett, Ft. Sam Houston, TX (FSHTX)   DSN   421.0332
                            CML   210.295.0332
                            FAX   210.221.9639

TOLL FREE NUMBERS FROM:
    Outside Continental United States (OCONUS)   TOLL FREE   1.888.849.4341
    Germany   0.130.81.9261
    Korea   00798.14.8002803

LOGON-ID/PASSWORD PROCESSING & QUESTIONS
    Access Management Office, Pentagon, Wash., DC   DSN   224.5109
                            CML   703.614.5109
                            FAX   703.614.8017

FORCE READINESS - Army Medical Department (AMEDD) – Medical Command (MEDCOM)
    COL Burney / Mr. Rene Ruiz / SSG Terry, FSHTX   DSN   471-7886
                            CML   210.221.7886
                                          210.221.6620

MODS SYSTEM ADMINISTRATOR
    LTC Beatty, Office of The Surgeon General, Falls Church, VA   DSN   761.3186
                            CML   703.681.3186

MODS PROJECT MANAGER
    Mr. Paul Zerkow, ASM Research, Inc., Fairfax, VA   DSN   761.5008
                            CML   703.681.5008

TSACS:
    CONUS 800 Dial Up   TOLL FREE   1.800.632.0196
    World Wide DSN Access   DSN   761.4976

TELNET IP ADDRESS – 199.10.32.81

MODS Web Site Home Page – WWW.MODS.ARMY.MIL

MODS/MEDPROS State and NGB Medical Team Point of Contacts (POC's)

NGB MEDICAL READINESS
    MAJ Fletcher, Office of the Chief Surgeon, Arlington, VA   DSN   327.7148
                                                                                    CML   703.607.7148

STARC MEDPROS PROGRAM MANAGER
    _____   DSN/CML   _____

FUNCTIONAL AREA POC's:
    91W Transition (Web Management System) –
    www.cs.amedd.army.mil/91W (also can access through MODS Web Site)

    ATTAIN (AMEDD Temporary Transfer and Alignment inter/Intra-State for National Guard) –
    PROFIS system for the ARNG

    LOD (Line of Duty) –
    Currently under construction

    ADME (Active Duty Medical Extension) –
    www.mods.army.mil (access through Personnel Module of MODS Web Site)

    AUTOMATED VOUCHER SYSTEM –
    Currently under construction

APPENDIX 7

Below are the computer specs for laptops purchased by NGB-ARS in support of MEDPROS.

Inspiron 5000e
PIII 700Mhz
15In Monitor
128MB RAM
5GB Hard Drive
2x AGP 16 MB Video
Combo 56k modem/network card
Windows 2000
Office 2000
Norton Antivirus